embellishage. The hospital itself contains two free wards for the district, although much is lacking in modern equipment and drugs, and is under the direction of a medical officer, also subordinate to the gricamong. There are several assistants, including a female nurse. Medical service in the district is in some disrepute, largely because of the character of the medical officer. Trained in Lebanon, he was characterized as having expensive cures for expensive patients, and none at all for others. A poor merchant who had taken his infant, afflicted with a rash, to this doctor was preemptorily told "to wash his baby more often," hardly a prescription of value as the child was bathed daily. In another case, a countryman with some complaint entered the doctor's office while the latter was in conference with a visitor to the district. When the countryman asked for the doctor, this person himself informed the sufferer that "the doctor was not there, and would not be expected for several days." Such unfortunate incidents, coupled with the fact that Arab physicians trained in the Middle East often use surgery as a panacea, have created a large body of adverse opinion.

Among a group of houses in the lower part of the town are to be found the courthouse and residence of the judge (Akwiki, Belgi). The former a small, squarish mud-brick building of a single storey. When court is in session, there is usually a small number of villagers or townspeople squatting or leaning against the front wall, waiting to be called. The judge is the foreman of several

One curious fact gradually dawns on an American observer, that almost no one is ever heard whistling, and one of the reasons elicited is that it is supposed to attract snakes. A few lizards are found in the houses and their value in ridding the rooms of insects is recognised. In winter most of the pests disappear, and their manpower is greatest in the warmest days of summer. A large percentage of the townspeople do not consult the medical officer for their ailments, and, coupled with the deficiency of information in the hospital itself, it is thus difficult to arrive at any exact answer to the question of health. Infant mortality appears to be high, but an individual who passes adolescence seems to have excellent chances of reaching old age. The number of men in the town vigorous at sixty, seventy, and eighty years is surprising. Ra'uf Effendi was considering a second marriage at sixty, to replace the son who had died [at the age of eleven 'of the evil eye'], and Shukir Effendi led an extremely active life at eighty-five, walking up and down the steep steps of the town eight times each day. Dysentery troubles almost everyone, and there are a few cases of malaria every summer. Most housewives have a series of remedies for everyday complaints, but it cannot be denied that a physician who commanded the respect of the townspeople would find himself most welcome.

In concluding this section it may be observed that there have been a number of changes in household life since

CHAPTER IV

LIFE CYCLE

BIRTH

Bringing children into the world is the justification and idea of the Chinese marriage—also in Kurdish.

The following particulars concerning birth were given me by the midwife wife of Tajuwar, Parturition takes place in a sitting posture. One of the ordinary copper cooking pots, a milk pail, is placed on the floor between-legs. Over this is laid a thin, padded mattress on which the woman to labour sees herself. Her assistant places herself behind, holds her under the arms, and supports her back. Another squats down in front so that the woman about to give birth can grasp her round the neck. This woman in front acts as the midwife. She may be an ordinary, experienced woman from the village. However, in Sarkan there was a midwife who had undergone a three months course in Baghdad, and the woman who had assisted the two wives in my interpreter's house at the 27 births that had taken place there, was stated to be a fully-trained midwife, then the first to be trained in Sulaimaniyah. At the time I was there this woman was about 50 years of age.

While labor plans in one of the rooms of the house, I was told that the father was be present. The umbilical cord is cut by knife or scissors. The Arab doctor at the Dokan Dam Site said on that in case of a sudden birth one of the mountains, the umbilical cord could be severed by a sharp stone, another stone being used as base.

In the villages I visited there was no doctor. Even a complicated birth was left to the local midwife in the form of an experienced neighbour or a midwife with a three month certificate. A female Canadian gynaecologist at the hospital at Sulaimaniyah told of a case where the birth came to a stop in one of the villages. The fetus was dead, and the woman had lain for 24 hours with all her internal functions at a standstill, while the village women debated whether or not the dangerously ill woman should be transported by mule over the mountains to Sulaimaniyah to seek medical attention. Finally it was decided to send her to the town where her life was saved thanks to the efforts of the gynaecologist.

In another case a woman in Sarkan participated with fever after giving birth. She was taken on horseback and then by bus to the hospital at Sulaimaniyah. The child, which was a few days old, could not be taken and died during the woman's absence.

The new-born child, naked, is wrapped in a piece of cotton material that acts as a nappy and is changed from time to day. It is then laid on a large piece of material folded into a triangle that reaches to the shoulders and is somewhat longer than the legs. The cloth is about 1.00 m. x 1.00 m. The child's legs are straightened out and the lower points of the cloth are tied up around the feet. The two upper

DEATH

Hospitals, naturally, are to be found in provincial towns like Hoddija and Sukkisvuoni and, of course, in the larger cities in the country. In Hoddija I found that the male ward only had male nurses. In the villages there was no doctor, only, for example in Sargaiba, a trained male nurse with a supply of medicaments for distribution[17]. In regard to the attitude to medical assistance, my interpreter's father refused to allow a doctor to be summoned or for any of the patients in the house to be taken by raft to see one, during the outbreak of Asiatic influenza in Sukkisvuoni in 1957. In the same house my interpreter's mother refused to work overtime and for rheumatic pains in the back and possibly fever. One of the daughters stood on her back whilst she lay huddled up on the floor and massaged her in this way. A child in Tromsøysa with fever, who was taken to the small hospital at Dikkan on the following day, was the day previous undressed by an elderly woman and smeared over the whole body with freshly-churned butter.

The sick bed in the home is only used when the patient cannot stand up; even influenza patients in Sukkisvuoni were taken on evening visits to the neighbours. For headaches they were given a bandage round the forehead[18], and sufferers often went to sleep in the house where there were guests, reappearing later in the evening. During the influenza epidemic, no measures were taken to isolate the eating and drinking utensils of the sick from those of the rest of the family. Spitting was much resorted to in the countryside, on the clay roof and on the clay floor[19]. Broken arms and legs were ill-treated, grew together badly, resulting in mis-shapen limbs, cases of which I observed with small children both in Sukkisvuoni and Berlaus. There was no snake-arrow in the villages. A harvester in Tromsøysa and a boy in Bukkiba who were bitten by snakes were taken by reds and later by hired car or bus a long distance to hospital for treatment. Spraying with DDT was used against vermin in the part of Kautokeino I visited. There leaves pasted on the walls of houses indicated that this had been done. According to Wilkinson, this spraying is done annually in the villages[20].

Neither the sick nor the dying were isolated even if it was possible to arrange a sickroom in the home.

Burial. The deaths took place among adults in the homes I stayed in in Kautokeino, but outside the mosque at Nikka Russian I had an opportunity to study the two objects used for the washing and transportation of the dead. The one was an oblong, very large knee-high table with a very heavy top and thick legs on which the corpse was washed. This was kept out for three days in the home where death had taken place and was then returned to the mosque—an understandable arrangement as to the cultural pattern the table is not a settled institution, but an exception. By the side of this laying-out table stood a bier, an oblong, wooden crate with a flat base, low legs and two short carrying poles at each end. This also belonged to the mosque. On into the body, clad in an unsewn costume and wrapped in the ceremonial, but without a coffin, was transported to the burial ground outside the town[21]. The same type is found in Arabia[22] and Egypt[23].

Two children's deaths, a little girl's and a little boy's, took place among the people I lived with. Even though it was a matter of a child's funeral I observed certain differences, which fulfil their parallels in adult funerals. As soon as death had taken place the child was taken up from its cradle